

REGISTRATION FORM

(complete reverse side first)

Child's Name _____ Age _____

Level (circle) :

Toddler I II III IV V\VI

CHOICE 1: Day _____ Time _____

CHOICE 2: Day _____ Time _____

CHOICE 3: Day _____ Time _____

WAIVER IN CASE OF INJURY

(must be completed for children to be registered for lessons)

As the parent/guardian of the above participant (s), I hereby volunteer to relinquish any right to claim against the Town of Lancaster, the Parks & Recreation Department, or its elected officials or employees , any damages to property or personal injury that may be incurred or suffered during participation in the scheduled lessons taking place in designated pool used by the program, unless such damage to person or property shall be incurred or suffered through the negligence of the Town of Lancaster or the Parks & Recreation Department and its elected officials, employees or appointees.

I the parent or guardian of the above mentioned child (ren), give my permission for my son (s) or daughter (s) to participate in the above mentioned swimming lessons and fully understand the stipulation of the contract.

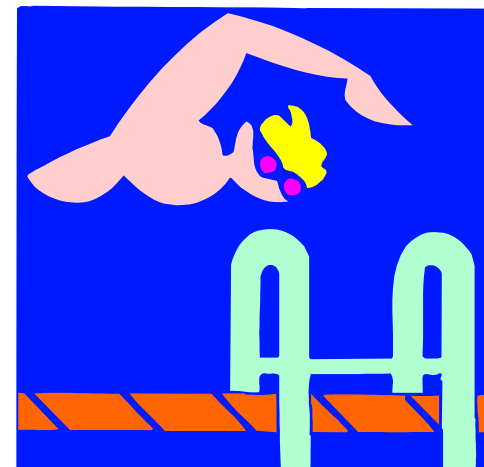
Parent/Guardian's Signature _____ Date _____

You will receive written confirmation in the mail regarding your child's lesson times.

Town of Lancaster
Parks & Recreation Department
525 Pavement Road
Lancaster, NY 14086



**525 Pavement Road
Lancaster, NY 14086
684-3320**



**Fall
Swim Lessons
2005**

Fall Swim Lessons

Fall session of swimming lessons are open to residents of the Town or Village of Lancaster and the Lancaster Central School District.

The cost of lessons is \$5 per child. Payment must be included with your registration form. Checks may be made payable to "Town of Lancaster".

To register your child, please complete the registration form completely and **MAIL IT** with your check to the **Lancaster Parks and Recreation office, attention Swimming Lessons, 525 Pavement Road, Lancaster, NY 14086.**



Due to the increasing number of children registering for swimming lessons, **please mail your registration form as soon as possible.**

You will receive a confirmation letter in the mail stating which class your child was placed in.

Also, children who are Town or Village of Lancaster residents are required to bring their Recreation Photo ID with them to the first class as proof of residency. School district only residents should bring their driver's license.

Recreation Photo ID cards are **free of charge** and may be obtained at the Parks and Recreation office during business hours.

If you have any questions, please call Jen or Kelly at the Parks and Recreation office at 684-3320.

LOCATION Lancaster High School Pool FALL SESSION

(Choose Monday or Thursday)

Mondays Sept. 19—Dec. 12

Thursdays Sept. 22—Dec. 15

***Please note: If Lancaster Schools are closed due to holidays or inclement weather, swimming lessons are also canceled.**

MONDAY SCHEDULE

6:30 p.m. – 7:15 p.m. Level I & Toddler

7:15 p.m. – 8:00 p.m. Level I & II

8:00 p.m. – 8:45 p.m. Level III & IV

THURSDAY SCHEDULE

6:30 p.m. – 7:15 p.m. Level I & Toddler

7:15 p.m. – 8:00 p.m. Level I & II

8:00 p.m. – 8:45 p.m. Level III & V\VI

Toddler: (ages 6 mo. - 3 years.) Parent & child introduction to water. Limit one child per parent/guardian.

Level I (Preschool): (ages 3-5) Bubble belts (flotation devices) permitted. Introduction to water.

Level II: (ages 5 & up) Emphasis on learning beginner strokes. No flotation devices permitted.

Advised to Bring Goggles, Levels III and Up

Level III: (ages 6 & up) Introduction to strokes (front, crawl, backstroke) and diving.

Level IV: (Advanced Beginner): Introduction to competitive strokes. Swimmer must know how to dive, the crawl stroke with rhythmic breathing, and backstroke.

Level V\VI: For the swimmer who has had an introduction to competitive strokes. Swimmer must know how to dive, the breaststroke, crawl stroke, and backstroke.

REGISTRATION FORM

Parent's Name _____

Street _____

Town _____ Phone _____

Child's name _____ Age _____

Level (circle):

Toddler I II III IV V\VI

CHOICE 1: Day _____ Time _____

CHOICE 2: Day _____ Time _____

CHOICE 3: Day _____ Time _____

Child's name _____ Age _____

Level (circle):

Toddler I II III IV V\VI

CHOICE 1: Day _____ Time _____

CHOICE 2: Day _____ Time _____

CHOICE 3: Day _____ Time _____

**Complete, detach and mail
payment of \$5 per child by**

September 15, 2005

PLEASE FILL IN ALL 3 CHOICES

Checks made payable to "Town of Lancaster"